

ISSTIP JOURNAL

Number 7

November 1992

Editors:

Carola Grindea (Arts)
Martin Lloyd-Elliott (Science)
Andrew Evans
Dr. George Gomez

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Cover Design: Derek Bly

ISSTIP
and
GOLDSMITH COLLEGE, UNIVERSITY OF LONDON
ONE DAY SEMINAR
9th January, 1993
10.00 a.m. to 5.30 p.m.
"Liberating the Mind and the Body
to Liberate the Musician within"
Lectures, demonstrations, performances
James d'Angelo and Carola Grindea
Details from: Goldsmith College
Department of Advanced and Continuing Education
New Cross, Lewisham Way, London SE14
Tel. 081-692-7171

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EDITORIAL

ISSTIP JOURNAL No. 7 is mainly devoted to the first Course on "Health and the Performing Arts"—**Prevention is Better than Cure—Arts**"—organised jointly by ISSTIP and the LONDON COLLEGE OF MUSIC, which was held in March, 1992 in their new premises at the West London Polytechnic, Ealing, London W5 (now the University of Thames Valley). Pamela Bowden and Carola Grindea were Directors of the Course. It attracted a large number of participants from all walks of life: doctors, psychiatrists, psychologists, physiotherapists, therapists of the Complementary Medicines, Alexander Technique and Feldenkraïs teachers and all kinds of performers: musicians, actors, dancers. A great number of students from various Music, Dance and Drama Colleges also attended the sessions. Indeed, the main goal was to get the students to realize how important it is to learn how to avoid MISUSE of the body muscles and especially how to protect their pupils; they are the future teachers and performers and it is their responsibility to know how to prevent these physical injuries.

The Course covered a wide range of topics of great importance to all those concerned with the health and well being of performers, especially with physical, physiological and psychological disorders confronting musicians, actors, public speakers and dancers, whether professionals, teachers, students or amateurs.

ISSTIP would like to thank all those who contributed to the success of this first course and especially William Webb, Director of London College of Music and John Chapman, the Warden, for offering the facilities of the college throughout the sessions. Above all ISSTIP would like to express its gratitude to the speakers who offered their expertise in the service of music and other arts.

On the Faculty:

Physicians

Dr. Mosaraf Ali, Head of Integrated Medicine Dept. at Hale Clinic, London; Mr. D. Garfield Davies, ENT Surgeon, Founder and Director "Voice Clinic" of University College and Middlesex Faculty of Medicine; Dr. George Gomez, General Practitioner (now retired) Dr. Ian James, Consultant Royal Free Hospital, Founder and Vice Chairman "British Performing Arts Medicine Trust" and Chairman of AMABO (Association for Medical Advisers to British Orchestras; Dr. C. B. Wynn Parry, Rheumatologist and Neurologist, Consultant and Adviser of the ISSTIP/LCM "Performing Arts Clinic", a foremost authority on muscle injury and rehabilitation.

Psychiatrists: Dr. Lidia Spitz, Experimental Psychologist, Consultant Psychiatrist to Kopple Goodman Foundation and to Medical Foundation for the Care of Victims of Torture.

Psychologists, Psychotherapists and

Counsellors: Catherine Butler, Oboe Player and Counsellor at Guildhall School of Music and Drama; Andrew Evans, Musician, Psychologist, Director and founder Arts Psychology Consultants; Angelica MacArthur, former dancer now Clinical Psychologist working with-dancers; Jolanta Ossetin, Pianist and Clinical Psychologist.

Stress: Branko Bokun, Author; David Chapman, Relaxation Therapy.

Physiotherapists: Dominique Royle, specializing in guitarists' problems

Alexander Technique: Graham Griffith, viola player.

Feldenkrais: Roselyn Walters, Feldenkrais Teacher, and Nicolas Conran is lecturer and Conductor University of Surrey.

Hypnotherapy: Eleanor Braterman, Psychotherapist

Musicians: Pamela Bowden, head of Singing LCM, Co-Director "Performing Arts Clinic", Joan Dickson, 'Cello Professor RCM, Chairman ESTA; Gwyneth George, 'Cello Professor Trinity College (now retired); Carola Grindea, Piano Professor GSMD (now retired), Co-director "Performing Arts Clinic"; Esther Salaman, Professor Singing GSMD (now retired) Consultant National Opera Studio; Jonas Sen, Pianist, Researcher on musicians' problems.

Actors: Nina Finburgh, actress and coach at "The Actors Centre"; Jonathan Geller, actor; Dawn Keeler, trained as dancer, now actress.

The topics discussed were the following:

SESSION 1: Importance of a healthy life-style; diet; Body as a structure; Body and Mind Integration; a GP's Views and Experience; Emotional Life of Dancers; Muscle Injuries and Rehabilitation.

SESSION 2: How to prevent MISUSE of body and muscles; Role of the Body in Practising and in Performance—posture, breathing, balance; Interaction between the Body and the Instrument; A Physiotherapist' views; Preparing Actors for Auditions; From Dancing to Acting.

SESSION 3: Physical and Psychological Coping Techniques to prevent and cure physical injuries; Psychological Problems; Anxiety and Fear of Forgetting; Instrumental Technique based on Natural Movements; A Student's Report.

SESSION 4: Role of Counselling in working with Students and with Professionals; Stress Management to avoid Stress Addiction; Humour Therapy; Alexander Technique, Hypnotherapy.

SESSION 5: Care of the Voice—in training and at professional level—for singers, actors, public speakers. Feldenkraïs Discipline; Young Actors Joys and Frustrations.

SEMINARS

25th September, 1992, 6.30—9.30 p.m. on MUSIC ERGONOMICS—*Interaction between the player and the instrument from a bio-physical aspect*, with exercises and demonstrations. Speakers: Dr. Mats Falk, a Swedish General Practitioner who has specialized in this area and Carola Grindea. Discussions: Dr. Mosaraf Ali, Dr. Miroslaw Janiszewsky, Christopher Hiron with Pamela Bowden and Dr. Ian James in the Chair.

The Seminar held at the **Hale Clinic, London**, (by kind permission of the Director, Teresa Hale) was organized jointly by ISSTIP and the PERFORMING ARTS MEDICINE and was of great interest to both professions.

In this issue we include several articles based on the presentations at the Course and we intend to publish the rest of the proceedings in future issues.

We are also very pleased to include articles by Dr. Howard Bird, Isabel Bastos and reviews by Andrew Evans.

FUTURE PROJECTS

9th January, 1993 at Goldsmith College, London University, 10.00 a.m. to 5.30 p.m. "Liberate the Mind and the Body to Liberate the Musician within." Lectures and demonstrations given by **James d'Angelo** and **Carola Grindea**. Details from Goldsmith College.

ISSTIP and LONDON COLLEGE OF MUSIC are planning a Second Course on "**Health and the Performing Arts**"—**Prevention is Better than Cure**—in March, 1993 and we would like to receive suggestions for topics which members and readers would like to see included.

There are plans ahead for incorporating this Course in the Curriculum of the new Thames Valley University as part of the Bachelor of Music Degrees and Graduate Courses.

DATA BASE OF ISSTIP/LCM PERFORMING ARTS CLINIC

This is in the process of being set up by **Andrew Evans**, director of Arts Psychology Consultants. Such a **Data Base** will prove of great value for the medical and musical professions and for future research projects on "Occupational Hazards of Musicians."



1st row: Dr. George Gomez, Angelica MacArthur, Dr. Lydia Spitz, Pamela Bowden,

David Chapman, Carola Grindea

2nd row Dr. Lydia Spitz, Dr. Mosaraf Ali, Branko Bokun

MUSCULOSKELETAL PROBLEMS ENCOUNTERED IN MUSICIANS

Instrumentalists can be subject to a variety of ailments of the musculoskeletal system. In the rheumatology clinic at the General Infirmary at Leeds we try to keep an open house for such patients. Referral, from all over the north of the country, comes via informal contact within the music colleges and orchestras and has been greatly facilitated by the establishment of a Yorkshire branch of the British Performing Arts Medicine Trust. The current University involvement in the rheumatology clinics at the General Infirmary precludes the formal use of the title "musicians clinic" but the treatment is comparable to that at other such clinics.

The occupational ills experienced vary according to the treatment played but can often be predicted in advance. For keyboard players, the two sides of the body are used almost equally. The wrists, forearm and to a lesser extent the fingers, are most typically affected, any symptoms resulting from execution of the music normally affecting both sides equally. Posture may be important and pianos with stiff keyboards and piano stools that are too low are recognised risk factors.

Wind players may develop problems with the mouth and lips, affecting embouchure. For woodwind players, supporting the instrument for long periods of time in an unphysiological position may cause strain in the forearms and wrists, usually bilaterally. This can be rectified by suspending the instrument from a strap around the neck. Brass instruments tend to be in supported positions for shorter periods of time so similar problems tend to occur more gradually than with woodwind instruments. Only for the trombone does the function required from the two arms differ.

By contrast, the difference required from the two arms in string players is substantial. For violin and viola players, the bowing arm is at risk of shoulder and upper arm problems, the other arm with the fingers which are used to stop the strings, is susceptible to tendon problems affecting the fingers. This divergence is most marked in players of the classical guitar where the finger of the hand that stops the strings can be subject to substantial lateral stretch. To a lesser extent, this applies to cello and double-bass players where problems of posture can also occur, particularly if the instrument is large, the player is small and the stool of inappropriate size.

Timpani players, blessed with long periods of inactivity, have fewer problems though the wrists can be placed under strain in a long drum roll. By contrast, drummers in rock bands are extremely active and susceptible to a variety of symptoms.

Over the years, a wide variety of problems have been seen in musicians. 10-15% of subjects

attending are found on investigation to have an arthritis that would have brought them to clinic anyway. The fact that they are musicians is quite coincidental though as a result they may encounter problems in continuing performance if the arthritis progresses. Up to 100 different sorts of arthritis can affect the joint but the commonest are *osteoarthritis* (traditionally a wear and tear arthritis mainly affecting elderly people) and the more serious *rheumatoid arthritis* which is an inflammatory condition involving not only joints but other organs in the body. It is more common in younger people. Adequate treatment is now available for all sorts of arthritis and since many of them (particularly *osteoarthritis*) progress very slowly, it is surprising just how well performers can continue, gradually adapting their technique as and when the need arises with the arthritis progressing insidiously over a 10-20 year period.

The majority of musicians, perhaps 80%, attend because they have some degree of overuse disorder. There is a good description of this condition in pianists dating from 1890 and the condition has undoubtedly been around much longer. Recently it has achieved notoriety under the description "repetitive strain disorder" and is nowadays claimed to affect keyboard operators, journalists and typists as well as conveyor belt workers in biscuit and poultry factories as well as musicians. Typically a change in technique (or a substantial increase in the amount of time spent performing a familiar manoeuvre) leads to the development of discomfort, weakness, pain and sometimes "pins and needles" in the affected part. Initially, these symptoms are relieved by a few minutes rest, but later a full night's sleep or even a weekend away from work is required to relieve the symptoms. At this stage, definite signs of impaired function such as reduced grip strength may appear and ultimately not even the four weeks annual holiday break brings improvement. By this stage, there may be some muscle wasting (disuse atrophy), perhaps associated with tethering of the tendons (*tenosynovitis*) in their sheaths if the problem has been precipitated by finger function. If the condition progresses untreated, the performer's career may be seriously impaired.

A small group of musicians (perhaps 5%) attend the clinic with the specific problem of joint hypermobility which, coincidentally, was the medical problem that first involved me in work with musicians (and is even more of a problem with dancers). The range of movement at any given joint in the body varies throughout the population. Most regard their joints as normal but some are aware

of being particularly stiff and a small proportion are proud of being particularly supple. Supple joints may be an advantage in dancers providing they can be well controlled but they can precipitate symptoms in musicians if movement requiring great strength is sought from these relatively floppy and sometimes fragile joints. In the hands of the guitarists hypermobility can be turned to advantage, provided adequate tuition is given in stabilising the joints that would otherwise be susceptible to traumatic damage because of their flaccidity.

Treatment varies according to the diagnosis. For repetitive strain disorder, the obvious advice is rest but this may prove difficult for a professional musician, and although complete rest used to be advised, we are now realising that often the muscle atrophy and bone wasting that can be associated with complete enforced rest may create more problems than it solves. So attention is initially directed to identification of the precipitating factors and their removal. Thus professional pianists experiencing symptoms might use the Chopin études to help with this analysis. Each requires a particular technical ability (which is why Chopin composed them) and invariably symptoms will only be caused by one or two of the 24 études. Once the problem piece is identified, attempts should be made to play them in a different style in order to relieve the symptoms. If this proves impossible, this particular piece has to be removed from the repertoire, possibly for a period of weeks or months after which it may be cautiously re-introduced providing symptoms do not recur. This is not unreasonable—composer pianists over the years have all been born with different sized hands and capabilities. Very few pianists will have the large hands and wide stretch inherited from his parents by Rachmaninoff. Many performers opt to specialise in music of a particular period, often because the anatomical structure of their hands makes them particularly suited to this style of music. If these simple measures fail to help, lengthy periods of rest may be necessary but again, this should also be tempered by a certain amount of activity so that misuse problems do not occur. For a repetitive strain disorder developing over six months, improvement may take up to one year to be complete. If these simple measures fail, other help is available including the use of analgesics, anti-inflammatory or relaxant drugs depending on the particular characteristics of the symptoms. Other novel therapeutic approaches are under investigation but at present are still at an experimental stage and reserved for intractable cases.

In the small group of patients with joint hypermobility, strengthening exercises to increase the power and tone of the muscles acting around the joint offer the most reliable remedy at present. The Arthritis and Rheumatism Council is currently funding research in our own hospital into the prevention of hypermobility problems in sports and in dance. For those musicians who are unfortunate

enough to develop an unrelated arthritis, an even wider range of remedies is available. These include various physiotherapy modalities, drug treatment (either to relieve symptoms or to modify the disease process) injection of steroids into the tendon sheaths and affected joints and even joint replacement surgery with artificial joints (particularly silastic implants in the hands) if the condition is severe. The next decade is likely to see great advances in tendon and ligament reconstructive surgery as well as in joint replacement.

Musicians are also becoming much more aware of the occupational hazards of their body or profession. It is gratifying when teachers attend hospitals with their problem pupils, allowing for a combined approach to treatment. The advent of the British Performing Arts Medicine Trust which aims to place all musicians in contact with a physician specialising in performing arts medicine, has also been a great advantage. For many years, professional sports teams have boasted their own doctors and physiotherapists. Until recently, this luxury has not been available to the average orchestra or music school.

Ultimately, the profession should also give more consideration to the precise anatomical and physiological matching of students to their instruments and to the music they are required to perform. We all inherit different bodies, not just in terms of weight and height but also in terms of collagen structure, joint size and joint biomechanics. This has long been recognised by the sports physiologists in the ex-Communist countries of Eastern Europe where talented children were transferred to special sports schools and, under medical supervision, were matched to the sport which best suited their physical prowess. In Western Europe the reason for a child selecting a particular instrument is much more likely to be that there was a spare clarinet in the attic or that an extra double-bass player was required in the school orchestra. Clearly, nobody should be denied a hobby but if teachers could be made more aware of the physical attributes required for each instrument, a more precise matching of pupils with their instruments might be achieved. This is particularly important at the stage of entry to music colleges and academies where early problems that develop as the embryo professional practises more intensively should provoke counselling, even about a possible change to a different instrument for which their physique was more suited. Ultimately, it may provide possible guidelines on which individuals are most at risk.

**H.A. BIRD, M.D., F.R.C.P.,
Reader in Rheumatology, University of Leeds**

This article is based on a lecture at UK Conference for Music Education and Training (July 1991).

HEALTH AND THE PERFORMING ARTS COURSE

at the ISSTIP/LONDON COLLEGE OF MUSIC Performing Arts Clinic (March 1992)

OCCUPATIONAL HAZARDS OF MUSICIANS

Physical and Psychological Aspects

In the first 18 months, over 200 musicians have been seen at the ISSTIP/LCM "Performing Arts Clinic", a staggering figure, considering that the clinic is open only once a week for two to three hours, and only during the eight-months academic year.

The high percentage of satisfactory results at the Clinic is certainly due to the team work of the staff, who are all dedicated to helping those who need guidance or therapy. We have learnt a great deal by seeing so many musicians afflicted by a variety of physical and psychological ailments, discussing and analysing them to establish the causes and how best to treat them. This is how Dr. Wynn Parry the Adviser and Consultant sums up the workings of the clinic:

"It has been a salutary experience to work with music professionals in this clinic. One has learnt that there are so many factors involved in a successful musical life—problems of emotional and physical stress, problems of technique, problems of general and specific fitness for the instrument, problems of relating musical ambitions to social life of friends and relatives, so that the seemingly simple physical problems may have complex ramifications and need the combined efforts of a multi-disciplinary clinic." (ISSTIP Journal No 6 page 10).

Some of the cases presented medical or surgical disorders, several of them with motor co-ordination problems, suffering from what the medical profession terms 'focal dystonia'; while a great many were afflicted with the very common conditions known as 'tendinitis' or 'tenosynovitis'. Medical problems are dealt with by Dr. Wynn Parry, who advises on the necessary therapy—physiotherapy, exercises to strengthen the weakened muscles, ultrasound or even surgery—but he insists on the value of re-education of the whole system, requiring changes in posture or technique, or both; and in many cases, counselling therapy to help those under stress to cope with the trauma. Statistical data of the medical cases examined by Dr. Wynn Parry in the first six months of the Performing Arts Clinic have appeared in ISSTIP Journal No 6 (pages 4-10).

Those coming to the clinic are seen not only by the specialists or by psychologists, but also by the musicians on the staff. Pamela Bowden works with singers, Gwyneth George with cellists while I work with all, helping them to learn how to relax their body and muscles, to acquire a state of balance of the body, and practise breathing exercises.

Thus, each person is seen by at last two members of staff. Yet the very many cases of tendinitis or tenosynovitis, and pains in the back, shoulders, neck, arms, elbows, wrists, hands and fingers, could have been prevented if teachers, performers and those who train instrumental teachers knew how to avoid misusing the body and muscles in practising and in performance.

The Role of the Body in Performance

Correct Posture. Both the medical and musical professions agree that good posture plays a vital role, whether one is a singer, instrumentalist, actor, dancer or public speaker. Disciplines such as Alexander Technique, Feldenkrais, Shiatsu, Tai Chi, Yoga, Transcendental Meditation and others are attracting more and more followers, and some now appear on the curricula of certain music colleges. All recommend perfect alignment of head, neck and back, with an erect, vertical spine, which should be maintained all through practising and in performance.

A Body Free from Negative Tensions, using natural movements to allow perfect muscular co-ordination and freedom of breathing, are other imperatives for a successful performance.

The Interaction Between the Body and the Instrument. If incorrect, this is one of the main causes of physical problems. Many players hold their instruments with excessive tension in various parts of the playing apparatus. Often, they distort their spine and other joints and muscles, creating endless problems. It is interesting to observe that when I ask instrumentalists to mime how they hold the instrument *their arms become stiff only when imagining the movement.*

Adapt the Instrument to the Body, not Vice-versa. At the clinic, I try to help instrumentalists realise what they are doing wrong, and how they misuse their body and muscles. First, they watch themselves in the mirror while holding their instrument. I then ask them to play, and I take away the instrument, making sure that they remain in the same position. They study their body in this position carefully in the mirror: posture, line of shoulders, arms, hands and wrists, the spine, getting them to become aware of the slightest tension anywhere in their body.

This seems to be the "moment of truth", as if this was the first time that they have become aware of every physical or physiological imbalance in their body. From then on, the problems almost solve themselves. In most cases, the pain disappears as if by magic. Again and again we prove that if the body and muscles are used correctly, there are no pains, and there is no danger of any occupational hazard.

Specific Instrumental Problems

Violin and Viola. The greatest number of instrumentalists we have examined are violinists and violists. In most cases they bring their left shoulder forward to support the instrument. This position hinders free forearm rotation, thus the fourth finger has difficulty in reaching the G or C strings, and some players cannot play a downward scale. No wonder that many suffer a lot of pain! They come to the clinic with arms and wrists in bandages, sometimes wearing a stiff neck support collar, and quite a few experience numbness in their arms, hands and fingers. In front of the mirror, some of them notice that they have acquired a new, distorted stance, even when they are not playing. This results from practising for many hours in the wrong position. When Miss E. H., an orchestral player, experienced freedom from pain as soon as her body acquired a correct posture, she excitedly exclaimed: "Oh, my spine gave such a sigh of relief!".

Many turn their heads to the left and down towards their instrument, experiencing pain in the neck or shoulder, or both. A change of chin rest or shoulder rest may be needed, but this should be arranged with their teachers or by an expert in this area. (Bill Benham has made a special study of this aspect of violin and viola playing. He offers valuable advice, and can supply individually designed chin rests, which are particularly needed by string players with unusually long necks.).

The bow arm presents its own problems. The slightest deviation of the spine, the shoulders or other joints, a set position of the shoulder or physical tension in any part of the playing apparatus, will cause pain and, eventually, injury. Some players use only the forearm when bowing, a movement which hinders muscular freedom. The whole arm should be used with the energy initiated at the upper dorsal muscles. Just as in walking, the whole leg—not only from the knee downwards—is involved.

Cellists and Guitarists. Although their instruments are so different, these players present similar problems. They turn their body towards the instrument, twist the spine and the pelvis, bring their right shoulder forward; and if they play for any length of time in such a set position, they undoubtedly will cause themselves harm.

In this position, the cellist's bow arm cannot function freely, and the left arm is also affected:

movement of the arm, hand and fingers along the sound board is impeded. Christian Benda, the Swiss cellist, has invented a device which can be attached to any size cello to help the player maintain a correct posture, which he describes as a "perfect cross", with the vertical line formed by the spine and the horizontal one created by the shoulders (cf ISSTIP Journal No. 6 page 34).

Guitarists not only play in a most uncomfortable position, with their spine and pelvis twisted, their head and shoulders bent over the instrument, but they also aggravate any injury by raising their left foot to support the guitar. This causes a chain of injuries, not just a local one. There is now a revival of the old style of playing, which recommends dispensing with the foot stool. Certain devices are on the market, including the "Dynarette Support Cushion", which is placed under the instrument in such a way that it helps the player to assume the correct posture with a vertical spine and both feet on the ground, in a comfortable position (ISSTIP Journal No. 6 page 35).

Wind and Brass. Wind and brass players have to cope with two distinct problems. First, the inner organ, which is the same as that of the singers, demanding breath control and a relaxed larynx; secondly, the outer apparatus involving a correct posture, a state of balance of the body, holding the instrument with no physical tensions in any part of the playing apparatus.

Pianists, Harpsichordists and Organists. The misuse of the body and muscles results in the same type of physical injuries as those suffered by other instrumentalists.

An incorrect posture with tensions in any part of the playing apparatus or the body will cause many of the disorders discussed in this article. Medical advice is usually "to rest" the arm or hand. Rest may bring relief from pain, but as soon as the player returns to his original way of playing—which was actually the cause—the condition recurs and in most cases it is worse than before. Many pianists and other keyboard players misunderstand the term "relaxation". They over-relax their arms and hands while playing, and this can cause just as many problems as over-tensing.

If the arms are too relaxed, they hang down too low on each side of the body, with a lot of weight in the elbows, which are then too near the body. When arms are in this position there is a wrong alignment, the inner line of the forearm is in line with the thumb. This forces the wrists upwards when octaves or chords in extended positions are played, and hinders the turning of the hand over the thumb when playing descending scales or arpeggios.

Arms should be held balanced, slightly away from the body, with the elbows in line with the fifth finger, a position which facilitates the execution of all technical passages, especially rapid movements from one side of the keyboard to the other.

Orchestral Players. So far I have discussed the problems presented by individual instrumentalists. If they are also orchestral players, we try to understand how they relate to their colleagues while playing. I am not concerned here with their psychological difficulties or frustrations, which can cause so much aggravation. I am looking at their physical well-being, which is conditioned by several factors; their position in relation to the neighbouring player sharing the same music stand, and the type of chair used.

Watching an orchestra in action can sometimes be a sorry sight. Many players show complete disregard of their physical comfort, slouching in their chairs, with legs twisted underneath, distorting their spines. Some of them have to turn their torsos and heads to see the music and to allow enough room for their colleagues. Players should be very careful about the position of their body. If they have to turn their head and torso, they must learn to turn the whole body, legs and all; and if possible they should even slightly turn their chair in that direction, so that the spine remains vertical.

Now that *medical advisers* are being appointed to orchestras, the priority should be to see that every hall provides suitable and ergonomically designed chairs, and that every orchestral instrumentalist takes full responsibility as a member of such a body of players, primarily by taking care of his own well-being.

Conclusion

We have seen many instrumentalists at the clinic, belonging to different schools of playing—schools which have proved their worth, some for several centuries. It is important to point out that the physical problems we encounter are not caused by one or other of these approaches. Besides, it is not for us to say that one way of playing is better than another. We have come to a very simple, yet very significant conclusion: that no matter what school of thought a player belongs to, the main consideration is to execute the movements with complete freedom from muscular tension, and to use the body and muscles according to the laws of nature. Dr. Alice Brandfonbrenner, Editor of the *Medical Problems of Musicians*, emphasised this point in one of her articles, when talking about

Suzuki-trained violinists, stating that they do not seem to develop physical difficulties, *perhaps because their playing is based on natural movements.*

I have not dealt with the psychological aspects but this does not mean that they do not exist and that anxiety in performance and stress do not take their toll on the player's well being. Moreover, the slightest anxiety in the mind results in rigidity of the body, affecting the freedom of breathing. It is vital, therefore, that musicians are well prepared for performance, being constantly aware of the state of their body and muscles. When in front of an audience, they should feel confident that they have done their work and then trust that they will succeed.

In my own work, I am concerned with a total liberation of the body from any negative tensions, which in turn liberates the mind and the musician within. The purpose of this article is to inform everyone who is interested about our findings since setting up the **Performing Arts Clinic at the LCM**, regarding the conditions which most frequently afflict a vast number of musicians. We also hope that by broadening their understanding and knowledge, we can help teachers, students and performers to realise the dangers of *misusing, abusing and overusing* their own body and muscles and those of their pupils.

It is very encouraging, though, to note that there are many important new developments taking place, both in the USA and in this country and that a great deal is being done for musicians and other performers.

ISSTIP and the London College of Music would like to see that the Performing Arts Clinic is used by musicians, actors, dancers, broadcasters, performers, teachers, students, amateurs—not only when they need help, but also as a Centre of Studies, with regular discussions on various topics related to performers' difficulties. In particular, we want to encourage more students from different institutions to come and observe the work of the clinic, as they are the future performers and teachers.

Carola Grindea

This article is based on an article published in the ISM "Music Journal" (July 1992).

BILL BENHAM

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CHIN RESTS MADE TO MEASURE

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A PHYSIOTHERAPIST'S APPROACH TO MUSICIANS' INJURIES

In these days of long NHS waiting lists, with a lengthy process of referral via a G.P. or Consultant, physiotherapy treatment can seem relatively remote. This may lead musicians and performers with physical problems to seek other types of treatment such as osteopathy and chiropractic, whilst many have had experience of the Alexander and Feldenkrais techniques during both their training and careers. Not surprisingly many people are unaware of just what physiotherapy is and what it can offer, and so it may be useful to begin by briefly defending it as the rehabilitation of a patient by physical means to an optimum level of his or her function.

Over the years physiotherapy has expanded and diversified into many fields of medicine; one speciality is the treatment of musculo-skeletal problems which encompasses many of musicians' and performers' injuries. There is a wide repertoire of techniques available to the physiotherapist such as electrical treatment (ie. Ultrasound and Interferential) exercises, manipulative 'hands on' therapy — some of these latter techniques are akin to those used by chiropractors and osteopaths. An increasing number of physiotherapists are using alternative approaches such as Acupuncture, Shiatsu or Reflexology. Each of us has our own preferences. Personally I tend to use mainly manipulative techniques, exercises, and occasionally some electrical machinery.

My growing involvement in musicians injuries over the past three years has made me far more aware of the importance of considering and treating the person as a whole, an approach which unfortunately the current financial climate tends to inhibit in the NHS. This concept of the whole person has had all the greater impact on me since I recently broke my shoulder and noticed that not only my body, but my entire being, reacted to the pain, and the fact that 'my arm was broken'. It subconsciously altered the way I both held and used my body.

Consequently, I see my role as a physiotherapist to some extent to relieve the various aches and pains that a musician (or patient) has, but much more to generate and cultivate in them a greater awareness of their body and their use of it, particularly as they are playing their instrument or performing. Treating the parts that hurt often provide relief in the short term, but the problems tend to recur or worsen unless the patient subsequently makes the necessary adaptations in the use of their body. A basic understanding of the anatomy, physiology and mechanics of the structures of the body involved such as muscles, joints and nerves, can help musicians to develop

this awareness more readily. This in turn can help them to recognise any early warning signs of impending harm and so seek advice before symptoms become more advanced and relatively difficult to treat, so that it could endanger their musical career. (Norris, R.)

For me to provide the most appropriate course of treatment when a patient first comes to me, it is important that I understand precisely just how bad the problem is for him; how much it interferes with his daily life, and how it affects his ability to play his instrument. I will ask him what appears to be an alarmingly vast array of questions — "What sort of activities and movements provoke his symptoms? How long do they take to subside afterwards? What factors in the past, however distant, might have caused or precipitated these systems?" Just as one pieces together a jigsaw to create a whole picture, this information enables me to form an image of the pattern of pain as it is now and since it first began. Observing and analysing the musician whilst he plays his instrument also provides an extremely valuable source of more information.

There are several structures in the body which are capable of producing pain, e.g. muscles, tendons, joints and nerves. Pain can also be referred to other parts of the body; a well known example of this is 'sciatica' in which pain referred from the back is felt in the leg. By the time a patient seeks treatment for his aches and pains, there may be a combination of different structures involved. Because the body functions as a whole, stresses and strains in one part of the body can in time bring out stresses and strains elsewhere, thus the epicentre of the problem may lie in one structure but the ripples may have far-reaching effects. A dysfunction in the pelvis could affect the neck and wrist, whilst a problem in the neck could affect the lower back. (Maitland, G.)

A detailed examination of the whole body and not just the affected area is essential to locate this epicentre and also to clarify which structures are implicated. Having performed all the necessary tests in my examination and completed the jigsaw as fully as possible, I can now select the most suitable techniques for treatment. This could consist of techniques for loosening joints or stretching tight tissues such as muscles.

One recent development which we find enormously successful in the treatment of musicians' injuries are techniques focused on treating nervous tissue, by which I mean the protective sheaths which cover the highly delicate and sensitive nerves. This approach has been embellished with various impressive titles, such as

"adverse mechanical tension of the nervous system" and "neuromeningeal tension techniques". (Butler, D.)

Repetitive strain injuries (RSI) are often attributed to tendonitis (inflammation of a tendon) and tenosynovitis (inflammation of a sheath around a tendon); but nerves and their surrounding protective sheaths can be just as susceptible to repeat stresses and strains and any resulting friction, inflammation and scarring. Nervous tissue can be treated using techniques aimed at regaining its flexibility and mobility, but with as many techniques, great care and consistent re-evaluation of progress during and after each treatment session is essential to ensure that the technique chosen is being effective and not, in fact, making the problem worse.

I often give patients exercises, not only to maintain and improve any mobility gained during treatment, which often involves a lot of effort on their part to do them regularly and effectively. In cases in which scar tissue is very contracted or joints and muscles are extremely stiff, these exercises need to be maintained for quite long periods of time. There are other reasons for giving exercises. A musician is like an athlete and parts of his muscular system are very finely tuned and co-ordinated to perform precise and skilled movements. Most professional sportsmen incorporate a regular routine of warm-up exercises and physical training into their day and would not contemplate entering a game 'cold' without a preliminary warm-up session. To many musicians the mention of warm-up exercises conjures up a vision of playing a series of scales to warm up the fingers and tune the brain. They tend not to envisage that the whole body is involved in playing the instrument and so needs to be well 'primed'. (Norris, R.) (Samama, A.)

A routine of daily exercises is just as important for musicians as for athletes to maintain and increase the overall suppleness and tone their body. These can range from the more conventional 'keep fit' type exercises and swimming to yoga, Tai Chi or whatever else they enjoy doing. More specific exercises tailored to the different demands of the instrument are also equally important and should be given under careful and expert supervision—particularly if a person is having physical problems as a result of playing his instrument. (Samama, A.)

Another aspect of my treatment is to collaborate closely with the musicians involved and to design together a carefully guided programme of rehabilitation to restore them to their full playing ability. In the early stages, particularly if the pain is so severe that it remains fairly constant even when not playing the instrument, it is crucial for

them to rest (maybe for several months) and to avoid any activities or movements which provoke the symptoms. Later, if playing the instrument, for example, for twenty minutes, produces pain, they should play for a shorter period to arrive at a 'pain-free zone' of time. In addition, a rest or recovery time to allow the symptoms adequately to subside, must be gauged. If pain is easily induced and subsequently takes several hours to subside, then all practice periods should be kept short and well within this pain-free zone, and should be succeeded by several hours or even a day of recovery time. As the condition improves the duration of playing time may be increased, with much shorter resting periods in between. The physiotherapy sessions become less frequent as the patient gains increasing control of his or her symptoms, and if the treatment has proven successful, he can ultimately gain independence from it.

Nevertheless, musicians may need to explore more avenues than physiotherapy alone if they are to find the road to recovery. There are a number of different means by which one can develop a greater awareness of one's body (and mind as the two interact). Some which spring to mind are the Alexander and Feldenkrais techniques, Yoga, Tai Chi or Bioenergetics. I do not believe that any one of these approaches is relatively better than another. It is more a question for each person searching and discovering an approach or philosophy that suits him and which feels comfortable and right for him or her.

It is equally essential to find within these therapies, a practitioner who understands one's problems and with whom one can communicate freely, for the relationship between a musician—indeed any patient—and the therapist, is both a working collaboration and a building process in which each is learning from the other.

Dominique Royle MSCP

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THE HEALTH OF YOUNG MUSICIANS

"Some Personal Thoughts on the General Practitioner's Role"

Musicians sometimes prefer to consult an alternative medical practitioner rather than their family doctor. They think the GP is unsympathetic to artists, ignorant of their problems and too busy to listen to them.

Many music students, on leaving home to go to Music College, fail to register with a local GP. They need to be helped by the College to find a doctor who likes music and welcomes musicians as patients. He or she may play an instrument, have been on the concert platform, and may have gained experience of the performing artist's commonest problem; stage fright.

The musical General Practitioner is quite likely to be a member of the British Performing Arts Medicine Trust (B.P.A.M.T.) or of the International Society for the Study of Tension in Performance (I.S.S.T.I.P.), organisations which hold regular meetings and workshops to study the special problems of musicians whether physical or psychological.

Such a doctor would be familiar with disabling hand or arm injuries whether performance-related or due to everyday causes. He would also understand the artist's way of life which can be very different from that of the businessman.

Doctors who belong to B.P.A.M.T. know where to get a second opinion from specialists at Performing Arts Clinics. Moreover the N.H.S. physician does not have to be paid.

Performers have to be tough: physically, mentally and emotionally and they must have strong personalities.

Physical Fitness

Several young musicians seeking help from the I.S.S.T.I.P. Clinic at the London College of Music recently looked flabby, unhealthy and so unfit that it was not surprising that they did not have the endurance needed by the professional performer.

The pianist is like an athlete when he plays at the rate of a thousand notes a minute on the concert platform, as is the violinist who shoulders most of the work of an orchestra.

Musicians must train their muscles, tendons and joints by daily practice just as the athlete does on the running track, for performing music is not only emotional and intellectual, but can also be a feat of endurance.

An inexpensive way for the musician to get fit is to jog, practise aerobics or follow his favourite sport. However, the musician who goes for a regular work-out in a multi-gym should remember that the saying "no pain—no gain" may apply to the squash player but can easily harm the performer.

Musicians must allow sufficient time for injuries to heal. They all too often rush to a full day's practising when a badly bruised finger which totally prevented them from playing yesterday is "slightly better today".

Memory, Emotion and Personality

Soloists are expected to have good memories. The mind boggling motor-memory of the artist playing a Mozart Piano Concerto without the music is ill understood. He has to move his fingers correctly and extremely quickly and yet be able to modify whole passages of sound.

The performer needs to be able to control his or her emotions when on stage. He must be resilient for 'the show must go on', even after receiving news of a shattering domestic tragedy. He must not find he is playing a piece marked allegretto as if it were a Marche Funèbre, however sad he feels, which can be difficult because music is all about feelings.

When muscle-misuse injury or a road traffic accident stops the musician from playing his beloved instrument after years of daily practising, he may have to cope with a kind of bereavement depression and need counselling or medical (as well as psychological) help.

Diet and Health

To be fit, young people need to eat sensibly. Worry about food is a neurosis of the affluent society. It can affect young musicians, especially girls, who may be frightened of getting fat. A cup of tea for breakfast, an apple for lunch and a quick take-away for the evening meal is not enough to eat, either for the performing artist or the athlete. Calories may be an optional extra for the obese middle-aged, but not for the young who need plenty of energy producing food.

Students can get anxious when they read that beef, eggs, butter and sugar can harm them. Some diet and worry about having raised blood cholesterol which is quite unnecessary at their age unless this condition runs in their family.

Students who cater for themselves should buy a cookery book and read it, so as to have a well-balanced diet. Vegetarians do not need extra vitamins and come to no harm if they eat vegetables, but their daily diet must include protein-containing pulses. They should also eat dairy produce and eggs.

Those suffering from anorexia nervosa, which is dangerous, should be under medical supervision. Likewise, vegans and those on fad diets, both of whom need vitamin supplements or medical overview.

When Things Go Wrong

The student in trouble should first talk to his teacher who may advise a change of repertoire which may have been too demanding at that stage, and look into the causes of particular technical difficulties. Postural advice may be needed from an Alexander teacher especially when symptoms dominate the body.

The young musician should see his doctor whose job it is to listen, exclude serious disease, look for underlying problems that may be needed to be discussed and reassure if possible. Serious disease is rare at this age whereas simple post-influenzal fatigue is not infrequent.

Stage Fright

Stage fright is common. It can key-up an artist before he goes on stage and enhance his or her performance. If it persists it may become disabling and make life a misery. Counselling from an Arts Psychologist may be needed, for they specialise in treating anxiety in performers. The patient's doctor might find underlying fears and conflicts, such as an impending separation of parents. The latter may be indifferent to their child's talent, or be over-ambitious for him and interfere with his musical education. This can result in performance anxiety which can particularly affect the voice, as singers and actors know only too well.

Pain in the Arm

Finger, hand, wrist, arm, shoulder and neck pain can interfere with playing and needs early diagnosis and treatment.

This can be done by the General Practitioner supported by referral for a second opinion from the Performing Arts Clinic if the pain does not go away in three weeks.

Simple pain killers, ice-packs or frozen peas, and rest may be all that is needed, but not complete immobilisation in a splint. Lightening the load on the affected side can best be effected by transferring the weight—such as the weekly shopping—to the shoulder by using a rucksack or a bag with a shoulder strap, which must always be used with serious arm and hand pain.

An injury that has not been allowed time to heal is a common cause of arm pain. Artists can be frightened by a simple cyst—a ganglion—on the back of the hand, which if painless can be left alone. Painful tennis elbow can be injected with tiny amounts of local anaesthetic and steroids. Pressure on the tendons of the thumb and a nerve in front of the wrist can be cured by small operations which are rarely needed in the under forties. Performance related arm pain can benefit from physiotherapy.

It must be emphasised that persistent upper limb pain must be investigated and diagnosis reached as soon as possible before it becomes severe, for it may take three to six months, or more, to recover.

People are either creators or non-creators. The musician, with his exceptional inborn talent is a creator. He plays music for two reasons: to please himself and to please others. His work is only as good as he thinks it is and he must not undervalue it, for if he does, he cannot expect others to praise it.

When the artist goes on to the platform he should not think he is there to be the object of criticism but to communicate and share beautiful music. He or she is lucky to spend a life-time singing or playing a dearly loved instrument and even be paid for doing so.

George Gomez, F.R.C.G.P.

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COPING WITH THE PSYCHOLOGICAL PROBLEMS

LEARNING PROCESSES TO DEVELOP SKILL IN PERFORMING ARTS.

If I were allowed to offer an interpretation I would describe the Performing Arts as a combination of exceptional skill with extraordinary insight into the expressive ability of the human dimension to recreate or bring into existence a piece of music or a character and by playing an instrument, singing, acting out or speaking, conveying ideas, emotions and images.

It is useful to make a distinction between the *Performance* which is the baby to be born, and the *Performer* who needs to develop the exceptional skill and the extraordinary insight to give birth to the baby.

How To Develop These Qualities of Exceptional Skill and Extraordinary Insight

The procedure by which an extraordinary insight and exceptional skill are to be developed must be extraordinary too. If such a procedure is to be applied the student would undergo a process of increased awareness and disciplined training which should allow the physical possibilities of the body to be developed.

The term *skill* indicates the execution of acquired complex movements. Most of the performing arts require the ability to move fingers, limbs and body in precise ways. To secure proficiency and success this ability to move accurately and within specified time limits needs to be learned.

The Body Instrument

The *body* as the one and only instrument for self-expression is governed by certain fundamental *biological laws* which we need to know, understand and obey. It is a blind system entirely dependant and controlled by the brain. The *Brain* bears within its intricate pathways all the secrets of self-expression and creativity.

The Brain and The Self

The *Brain* is the central office of all operations. Its major features are a specialised distribution of functions in the two hemispheres and a dynamic storage of information in the *Memory* which permits the retrieval of previous experiences.

Memory Efficiency

The capacity to retain, recall or reproduce information influence the process of learning and is intimately related to the modality of input. Auditory input will result in no more than a 10% retention. Visual input in a 50% while touch and kinaesthetic input proved about 90% retention. Smell and taste yield very high retention. This different efficiency of memory related to sensory stimulation underlines the crucial importance perceptual settings have in teaching physical skills. If auditory, visual and kinaesthetic inputs are combined in one, a super Memory Efficiency is to be expected.

And if on top of this a nice perfume and a delicious taste are added the learning experience will remain with us forever.

Elements of Training

Some other elements associated to a comprehensive approach of learning a skill are:

- *Enjoyment
- *Rhythm, the biological clock
- *Music, the right brain

Enjoyment which, as a quality of training is used to provide rewarding pleasure with one's own achievements.

Rhythm is a natural phenomenon and is also a part of human nature. Our functions are regulated by an inner clock called the *biological clock*. We breath rhythmically, our hearts beat regularly, we do things following a certain rhythmic pattern, we adapt to the rhythms in nature.

The regular succession of movements is essential for the effective performance of any skill.

Music also seems to be essential to us. All the musical sounds are processed in the *Right Hemisphere* of the brain. This half of the brain is creative, inspirational, spontaneous and musical. The *Left Hemisphere* is verbal, logical, judgmental and its effect over actions is highly inhibitory. Music in training can be extremely useful. While it stimulates the right brain it generates an expanded alpha wave which keeps the left brain relaxed and in this way the body can escape the censorious control it exerts over all actions enabling the student to learn the specific movements of limbs and body, freely and consistently.

Brain Movement Programme:

- *Processing information
- *Development of inner patterns

During the learning of the skill the brain undergoes a number of functional stages. A continuous flow of information takes place from the detection of the stimuli by the Receptor System to the decision making by the Central Control System and the execution of a response by the Effector System.

As a result of a carefully devised training plan a *Brain Movement Programme* is developed. The inner patterns created in the brain and stored in memory will enable the students to perform specifically learned movements.

It feeds back information into the system, compensating for any disturbance that may occur and producing a smooth and stable performance.

Following the Progress of Training

- *The training plan
- *The training technique
- *The movement confidence test
- *Self-evaluation of competence
- *The sensory experience
- i) Expected sensation
- ii) Potential physical harm

The *Training Plan* is the instrument for the attainment of *Skilled Movements*, and must include the *Intention* of the movement, *Clear Goals* and

Immediate Feedback. These objectives should be characteristic of the particular skill to be learned. This will result in the development of a *Movement Programme in the Brain*. We are currently experimenting with a *training technique* which intends to be comprehensive in the sense of taking into account all those factors which we believe are crucial to the *Learning Process*.

In practice the technique is focused on the performer's learning style and its ultimate aim is to gain Movement Confidence which is the key incentive to action, and for a competitive performer it is a godsend blessing.

Movement Confidence — $M = C + S$ ($E-H$) = % is essential for the development of effective action and is directly related to the performer's own assessment of competence and own sensory experience.

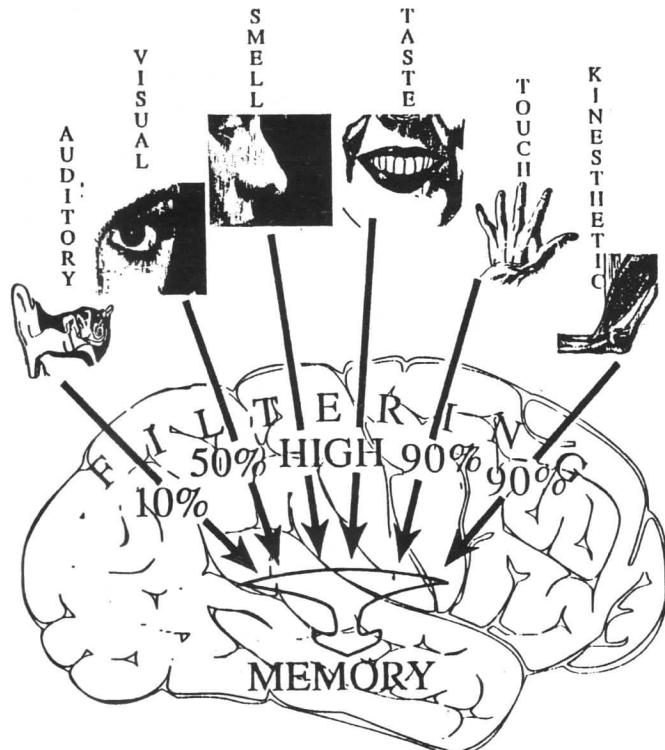
The performing students examine the outcome according to their own perception of Competence and how they feel about it.

Self-evaluation of competence (C) is the estimate they make of their own actions. If this does not meet their own expectations it will influence not only the performance but the involvement and participation in the activity.

Sensory Experience (S) = ($E-H$)

The feeling of aches and pains of joints, muscle stiffness, and other associated to movement, are

MEMORY RETENTION



based on previous experience and become the **Expected Sensations**(E) of the next new movement, and the fear of injury or the sensation of **Potential Physical Harm** (H) will determine the individual disposition for or against certain movements. Personal perceptions and sensations play a prominent role in the evaluation of own performance. They significantly affect the measurement of music confidence (MC) and levels of participation, as well as the quality of the performance and persistence in the activity.

The Movement Experience

- *Skilled Movement
- *Movement Competence
- *Movement Confidence

This depends largely on the individual mental experience. The sensations movement produced in previous experiences, will play an important role when learning a new movement task, or reproducing an already learned one. It will influence the outcome and will also provide the individual with information about the demand. Tolerance to pain, perspiration or hard breathing, sensing speeds or change in body position, fear of injury, will determine the performers choices—they will seek or avoid certain movements which will influence the outcome quite significantly.

A positive learning experience with low harmful sensations, and highly enjoyable expectations will promote higher self-evaluation of competence which will result in an increased movement confidence.

The Performing Experience

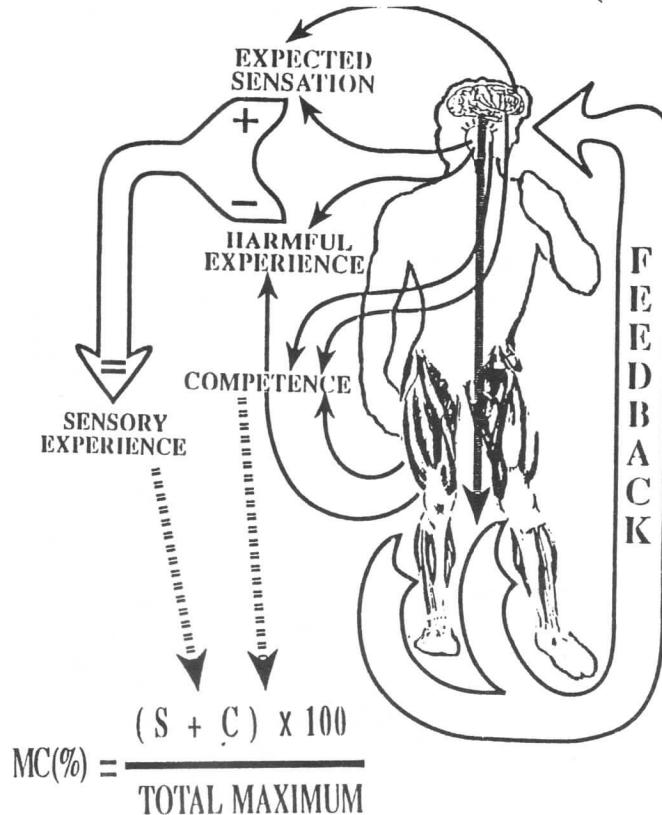
- *Participation
- *Involvement
- *Performing standard

In this particular setting the specific requirements of a given performing art will develop naturally and an increased awareness and Movement Confidence will transform the body into an instrument used freely.

When the skilled movement is achieved an increased participation, active involvement and high standard of performance can be observed. Accomplishments in performers will depend largely on an active control over the negative effects of Stress.

Performers need to exhibit confidence and not to fall prey to stage fright or other stress signs that could make their performance crumble. Movement confidence, awareness and comprehensive training will put the *performers in command over their actions* so that when their performance is brought to a perfect finish they will excel and this will produce a sense of achievement as well as great enjoyment.

MOVEMENT CONFIDENCE (MC)



How The Programme Works

- *Feedback
- *Skilled movement

This extraordinary organisation of the brain allows the performer to *formulate, preserve and retain* movement programmes and to *compare* the results of the action with the original intention. It *provides* awareness of mistakes and *keeps* a constant check over the course of action. By continually processing incoming information it ensures the fulfilment of the task.

Feedback plays a regulatory role in error direction and correction. The afferent impulses provide information on the position of the moving limb in space and on the state of the muscular system. This role is unique and essential in the learning process.

A Leap Into The Future

- *Individual adaptation
- *Effects of continuous stress
- *Preparing to cope with stress
- *Code of conduct based on natural laws
- *Outlet for self-expression and creation

It is this dissection of stress and the understanding of the problems which will contribute most to the learning process. One major avenue for future development will be the study of the adaptation possibilities of each individual.

Another fascinating field for future study is the effects and consequences of continuous stress.

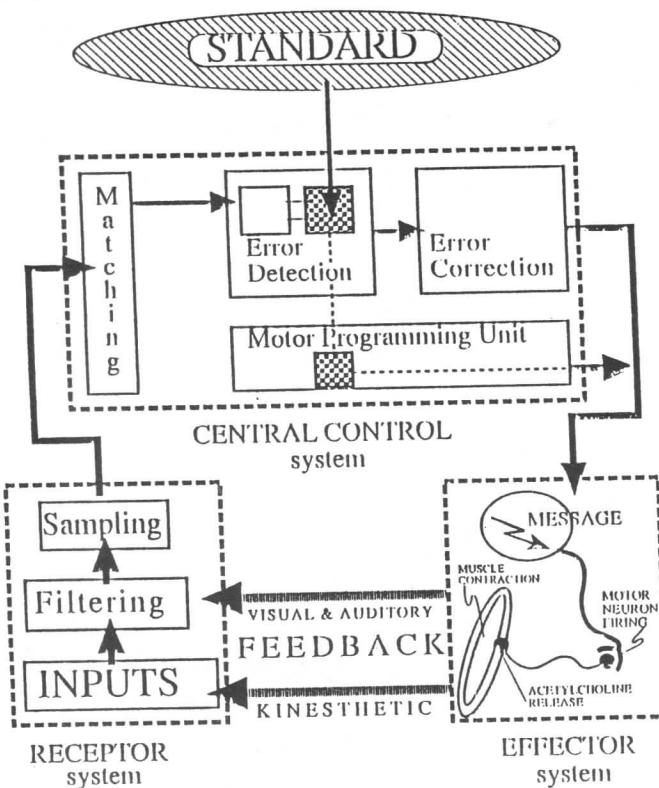
Perhaps the most fascinating aspect of stress is its permanent value for it deals with the defence system of our own body, the natural self protecting mechanisms and the production of adaptive hormones by our own glands.

Our intended approach seems to be relevant to all the situations we have to face and how well prepared we are to cope with them.

Great hope lies in the possibility this method offers of finding a code of conduct based upon the natural laws used to develop stress free behaviour as an outlet for our need of self-expression and creativity.

Dr. Lidia Spitz

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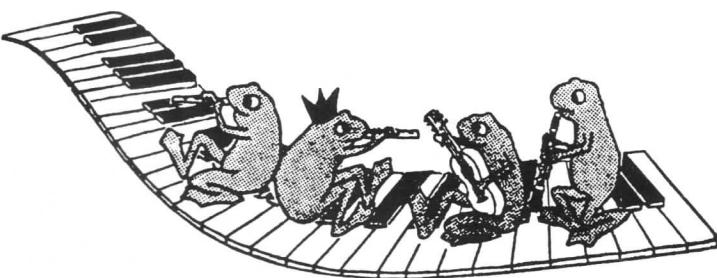
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THE EMOTIONAL LIFE OF A FEMALE BALLET DANCER

I was a professional ballet dancer in my late teens and early twenties. I eventually danced in a large national ballet company but after a few years, was drawn back into the world of study and the University education which I had sacrificed for the sake of my beloved dance career. This transition from dance, painful and drawn out as it has been, led me into my "reincarnation" as a Clinical Psychologist which I have now practised for eight years. I am presently in the process of a "second reincarnation" as a psychoanalytic psychotherapist. These have been exciting and enriching developments which have found me gradually catching up with my tail in a new development in the dance world, this time in the form of a psychotherapist and counsellor for dancers in need of emotional and psychological support and guidance.

Whilst dancers speak mainly through their bodies, I strongly believe in the value of offering the suffering dancer an opportunity to verbally articulate and work through emotional pain and conflict with the help of a practitioner who has "been there", so to speak.

The culture of the ballet world

The ballet career involves a long and arduous training followed by a relatively short working life starting at about 18 and ending somewhere between 35 and 40, sometimes a little later and often earlier. Serious training starts in childhood around eight to ten.

The ballet company is highly structured, going from the rank and file of the corps de ballet up to soloist and principal levels. As in any professional hierarchy, the dancers are selected and weeded out at each level in the company and the structure as a whole is pyramid shaped.

The mainstay and anchor for every dancer throughout the training and working life is the ballet class. This takes place for 1½ hours each morning five to six days a week. Again, class has a traditional, organized and predictable structure. It is a group event which takes place in a large, mirrored studio. The dancer hence develops an intimate and arguably rather dependent relationship with her own visual image in the mirror and is also constantly exposed to the fact that her own work exists in comparison to, and in competition with the talents and abilities of her peers.

The discipline of the daily class reflects the fact that the dancer's instrument is her own body. This can never be put down or changed and must be kept constantly tuned. Indeed the demands and requirements which the dancer must place upon her instrument are many and varied. As well as striving for technical perfection the body must also conform to an ideal size and shape, be strong, flexible, and free from injury. It must also of course be the vehicle for artistic expression. Hence the dancer as well as

being an interpretative artist must also be an athlete.

As a classical art form, ballet concerns itself with the pursuit of an ideal world: from the perfection and purity of the dancers "line" in an arabesque through to the fairytale world of the traditional ballets like Sleeping Beauty and Swan Lake. One writer has described the aim of the ballet dancer as "competing with the Sylph" (a sylph being that slender and weightless spirit of the air as in the ballet "Les Sylphides"). Whilst this kind of mentality must surely have produced some of our greatest dancers, it also has its dangers.

The danger is that the pursuit of the ideal in the classical ballet dancer becomes an obsession which if not checked can lead to unnecessary physical and personal damage and hence ultimately to a self-destructive inhibition of the capacity to dance successfully.

Injury

For example, in the pursuit of technical perfection, the dancer who mindlessly denies the peculiarities and limitations of her particular body, or the fact that she may be pushing too hard through a state of exhaustion, can be in danger of ignoring the early warning signs of an injury or of returning to the studio too soon after an injury.

Of course other fears come into play here like the fear of an admitted injury impeding the dancer's progress by losing roles, the interest of teachers, directors, and choreographers. Whilst there is a move to respond adequately to dancers' injuries and wherever possible to prevent them, the individual dancer is often her own hardest taskmaster and she must internalize a sense of caring for her own physical state in spite of the pressures and demands that she imagines as coming from her managers.

Slimness

The other dangerous way that female ballet dancers compete with the Sylph is in the relentless pursuit of slimness which, when it becomes an obsession, can develop into the potentially life-threatening eating disorder of *anorexia*, in which there is a drastically reduced body weight and associated symptoms caused by self-starvation or the habit of vomiting or purging food taken into the body.

Whilst relatively few dancers develop full-blown anorexia, many develop a highly distorted relationship to food and body size, eating minimal diets quite inadequate to their needs. Historically the ballet culture had required its dancers to be slimmer and slimmer. Hence the oft-quoted statement by Balanchine to his dancers that he "wanted to see bone". In my own ballet company I recall female dancers being lined up by the director to be told that we must each lose three pounds immediately!

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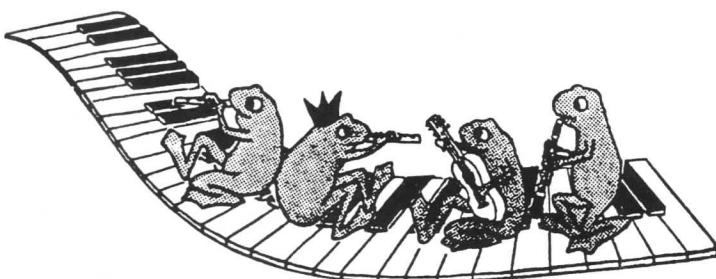
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THE EMOTIONAL LIFE OF A FEMALE BALLET DANCER

I was a professional ballet dancer in my late teens and early twenties. I eventually danced in a large national ballet company but after a few years, was drawn back into the world of study and the University education which I had sacrificed for the sake of my beloved dance career. This transition from dance, painful and drawn out as it has been, led me into my "reincarnation" as a Clinical Psychologist which I have now practised for eight years. I am presently in the process of a "second reincarnation" as a psychoanalytic psychotherapist. These have been exciting and enriching developments which have found me gradually catching up with my tail in a new development in the dance world, this time in the form of a psychotherapist and counsellor for dancers in need of emotional and psychological support and guidance.

Whilst dancers speak mainly through their bodies, I strongly believe in the value of offering the suffering dancer an opportunity to verbally articulate and work through emotional pain and conflict with the help of a practitioner who has "been there", so to speak.

The culture of the ballet world

The ballet career involves a long and arduous training followed by a relatively short working life starting at about 18 and ending somewhere between 35 and 40, sometimes a little later and often earlier. Serious training starts in childhood around eight to ten.

The ballet company is highly structured, going from the rank and file of the corps de ballet up to soloist and principal levels. As in any professional hierarchy, the dancers are selected and weeded out at each level in the company and the structure as a whole is pyramid shaped.

The mainstay and anchor for every dancer throughout the training and working life is the ballet class. This takes place for 1½ hours each morning five to six days a week. Again, class has a traditional, organized and predictable structure. It is a group event which takes place in a large, mirrored studio. The dancer hence develops an intimate and arguably rather dependent relationship with her own visual image in the mirror and is also constantly exposed to the fact that her own work exists in comparison to, and in competition with the talents and abilities of her peers.

The discipline of the daily class reflects the fact that the dancer's instrument is her own body. This can never be put down or changed and must be kept constantly tuned. Indeed the demands and requirements which the dancer must place upon her instrument are many and varied. As well as striving for technical perfection the body must also conform to an ideal size and shape, be strong, flexible, and free from injury. It must also of course be the vehicle for artistic expression. Hence the dancer as well as

being an interpretative artist must also be an athlete.

As a classical art form, ballet concerns itself with the pursuit of an ideal world: from the perfection and purity of the dancers "line" in an arabesque through to the fairytale world of the traditional ballets like Sleeping Beauty and Swan Lake. One writer has described the aim of the ballet dancer as "competing with the Sylph" (a sylph being that slender and weightless spirit of the air as in the ballet "Les Sylphides"). Whilst this kind of mentality must surely have produced some of our greatest dancers, it also has its dangers.

The danger is that the pursuit of the ideal in the classical ballet dancer becomes an obsession which if not checked can lead to unnecessary physical and personal damage and hence ultimately to a self-destructive inhibition of the capacity to dance successfully.

Injury

For example, in the pursuit of technical perfection, the dancer who mindlessly denies the peculiarities and limitations of her particular body, or the fact that she may be pushing too hard through a state of exhaustion, can be in danger of ignoring the early warning signs of an injury or of returning to the studio too soon after an injury.

Of course other fears come into play here like the fear of an admitted injury impeding the dancer's progress by losing roles, the interest of teachers, directors, and choreographers. Whilst there is a move to respond adequately to dancers' injuries and wherever possible to prevent them, the individual dancer is often her own hardest taskmaster and she must internalize a sense of caring for her own physical state in spite of the pressures and demands that she imagines as coming from her managers.

Slimness

The other dangerous way that female ballet dancers compete with the Sylph is in the relentless pursuit of slimness which, when it becomes an obsession, can develop into the potentially life-threatening eating disorder of *anorexia*, in which there is a drastically reduced body weight and associated symptoms caused by self-starvation or the habit of vomiting or purging food taken into the body.

Whilst relatively few dancers develop full-blown *anorexia*, many develop a highly distorted relationship to food and body size, eating minimal diets quite inadequate to their needs. Historically the ballet culture had required its dancers to be slimmer and slimmer. Hence the oft-quoted statement by Balanchine to his dancers that he "wanted to see bone". In my own ballet company I recall female dancers being lined up by the director to be told that we must each lose three pounds immediately!

A dynamic in a group of dancers, perhaps especially in the ballet school, where it is yet to be determined who will be the "chosen ones", is a fairly overt envy of the dancer who is losing weight. A danger here is that this will spur on a young ballet student who already has an anorexic tendency into a more serious version of the illness. The Medical Officer of the Royal Ballet School has gone so far as to suggest that anorexia is an "infectious disease" in dance schools and companies so long as the most seriously afflicted individual stays there.

Personal identity of the ballet dancer.

The emotional life of the dedicated dancer is often almost exclusively identified with her life as a dancer and in related activities, e.g. the self starvation of anorexia or the denial of pain or weakness in the case of an injury would be experienced as being in the service of dance. It is through dance that life feels real and meaningful. A group of dancers recently expressed to me a sense of being "empty" or "brain dead" or only "half there" when doing something other than dance or its related activities.

Again this is a coin with two sides: whilst the narrowed focus enables the dancer to concentrate on the development of herself through her art, by the same token it makes it difficult for her to achieve a more rounded and mature emotional development which would contribute both to her artistry and also to her appreciation of life, and capacity to respond to it successfully in many other ways.

I think that some of the problems lie in the fact that the ballet culture seems to encourage an attitude of compliance and conformity to higher authorities. This starts in the professional ballet school with its formal teacher—pupil relationships, a uniform code of practice clothes and teaching of there being "one way" to perform a particular movement. This kind of "infantilising" of the dancer in terms of their expected subservience to the ballet masters, choreographers, and directors continues in the ballet companies. This, it could be argued, encourages a prolonged state of mental and emotional immaturity in dancers who have little opportunity to explore and develop their individual creativity.

Impact of ballet training on normal adolescent development.

The opportunity to start exploring and establishing individual identity in the normal course of human development intensifies during adolescence. The years between 11 and 21 are a time of enormous upheaval and development both personally and biologically. The young person often starts to challenge the family structure and other authorities, explores relationships with the opposite sex and experiments with different styles of behaviour. There is an identification with different substructures, appearances and attitudes. It can also be a time for the widening of educational horizons.

In contrast, the serious adolescent ballet student is in the process of deepening her commitment to the hierarchical balletic world of compliance and conformity which can sometimes suffocate these normal adolescent processes, encouraging students to maintain the appearance of pre-pubertal, asexual bodies and an attitude of unquestioning obedience. There can thus be an unwitting postponement or avoidance of the normal adolescent tasks which contribute to the growing and deepening of a sense of identity, selfhood and personal authority.

Narcissism in the ballet world

Another way in which the ballet world can make it hard for the dancer to internalise a strong and mature sense of herself is in the prominent emphasis on external appearance and external validation. The dancer is trained to perform to an audience which will admire and reward her for what she looks like, her body, her movements and of course the dancer primarily knows herself through the constant presence of the mirror in the studio. Thus there is a kind of cultivation of a dependence upon admiration and feedback from sources outside of the self.

In my experience many dancers have a basically low sense of self esteem. Whilst this can go hand in hand with a kind of perfectionism which spurs the dancer on, it can also lead to an excessive dependence on the admiration and praise of teachers and audiences, and the view in the mirror.

Whilst the talented dancer finds herself as star pupil or favoured performer, everything is all right. However when she is meeting a difficult patch, criticism or injury, the dancer whose self esteem is excessively dependent on external validation is in danger of feeling depleted and worthless. Of course this can be a great problem for the dancer at the end of her career where the loss of external validation as a dancer, for good, can lead to serious depression.

Unrealistic fantasies in the dancer's mind

Another emotional danger for the narcissistic dancer is that in her bid for a sense of esteem and admiration she will foster an unrealistic fantasy of herself, e.g. of being a star pupil or star performer which is untrue but which protects her from facing the painful truth of her own limitations. Other unhelpful kinds of unrealistic fantasies include the "infallible machine" fantasy of the dancer who ignores injury and the Sylph fantasy of the budding anorexic.

The unrealistic fantasy sets up an essentially maladaptive adjustment to the work of ballet dancing, with all its inevitable ups and downs. This will ultimately let the dancer down and create more problems than it solves. Perhaps the hardest fantasy to give up of all is the fantasy of immortality which protects the dancer from the truth of her own ageing process in what is realistically a profession for young bodies.

Coming to terms with retirement

Retirement in midlife from a profession with which ones whole identity and sense of meaning in life has been bound can feel like a kind of death. It is here that the maturity of the personality with its capacity to bear the pain of loss and be able to move on in life really matters. Of course there are many dancers who will arrive gradually and naturally at the end of their dancing life. They have achieved enough and are ready to move on. In these cases a good identification with their experience as dancers is retained and the loss of their dancing is therefore cushioned.

A more difficult situation is the forced early retirement of the injured dancer or the dancer who lacks sufficient talent. This kind of "sudden death" can be traumatic and take many years to come to terms with. A third and also very difficult situation is the ambivalent dancer who loves to dance but also feels a pull towards another aspect of life. In this case there is the dilemma of choice.

In cases of forced or ambivalent retirement there is no question that the dancer can be helped by having an opportunity to talk things through with the therapist where she can be helped to understand the particular meaning of dance for her as an individual and of leaving the dance. Without help at this point the dancer, as in any case of unresolved grief, may live in a state of denial for an excessively long time (post-retirement.) In this state she can become emotionally stuck and unable to move on into new developments of herself, as this would involve acknowledging what she has given up and bearing the consequent pain.

The uses of counselling and therapy: case examples

(a) Amanda left dancing during the transition from training into professional life, ostensibly because of a broken foot. She attended therapy because she became depressed and desperate about her life. She was the only child of elderly parents both of whom were seriously ill. Her role in the family consisted mainly of nursing her mother and father with little room for her own needs to be met.

She was a serious ballet student who left home at 12 years old to study in a residential vocational school. At the same point she developed marked eating problems with anorexia. She stayed at the ballet school until she was 18 when her eating disorder developed into bulimia with laxative abuse. All the while Amanda's dancing was progressing well and she started doing "extra work" with an important ballet company. She was however quite lonely and isolated amongst her peers. She was making regular visits home to her ailing parents which were very painful to her. At 18 she was invited to audition for the company she had been dancing with as a student. This would have involved much foreign travel. One week before the audition she broke her foot in class, landing badly from a

jump. However more than her foot was broken. Twelve weeks later when her foot was mended she tried to go up on pointe and could not tolerate the initial physical pain. At this point she decided to give up dancing. Her spirit was also broken.

Amanda is now a nurse; the perfect representation of her role in the family. She is unhappy but determined to understand what went wrong. Her struggles in therapy have enabled her to see how the vocational ballet training was surviving basic emotional needs. This was a temporary solution for the awful insecurity of her home situation. She now understands that her anorexia was at least partly a communication of her emotional starvation and an expression of her fear of growing up and abandoning her ailing parents. When her balletic talent actually offered her a way forward in life she found a way of refusing it maybe for the guilt of finding a life for herself in the midst of her parents' imminent deaths. In her case therefore the neurotic uses of the ballet profession had been more central than the creative possibilities which it made available to her. Following her therapy Amanda has been able to start watching ballet performances again. This is a sign that she can start to face her ballet past and the fact that she has now left it behind.

Counselling or therapy at an earlier point during her training may have enabled Amanda to understand her dilemma more thoroughly and therefore to make the transition out of dance, if necessary, more gently.

(b) Lucy was a young dancer in her mid-twenties. She already had a successful early career in dance. This was really starting to take off at the point at which she decided to stop dancing. She came from parents whose marriage had broken up when she was 14. Prior to this time her father had sexually abused her. She had a longstanding relationship with a boyfriend which she experienced as stable and good. Somehow however they seemed to be in different countries from each other for long periods in the year.

Lucy's apparent fierce independence and devotion to her ballet career broke down when she gave up dancing in order to be in the same country as her boyfriend. It was at this point that she sought counselling because she was confused about what she had done. She knew she loved to dance but she also knew that it was time to dare to get closer to the man she was in love with and therefore to challenge her fear of getting close to and trusting herself with a man, based on her experiences with her father.

The focus of the counselling has been on how this young woman can place her own artistic needs as a dancer alongside her emotional needs as a person in a partnership without making it and "either-or" situation. We have understood also that her situation is complicated by having a mother who failed as a dancer and seems to want Lucy to

fail too. So Lucy's easy giving up her successful career may well have suited her discomfort about the prospect of succeeding where her mother had failed.

The outcome of counselling in this case has been Lucy's realization that she needs to continue her dancing and even to develop it further into choreographic work whilst working towards a successful integration of her dancing and her personal life.

Conclusion

Perhaps the case examples and themes I have discussed begin to verify the enormous importance of taking the emotional experience and development of the dancer seriously. To listen out for signs of stumbling blocks where she may need help to work through a conflict, unrealistic fantasy or fear, and to provide a service towards this end.

As we have seen, dance requires almost all that a person has to give of herself. The emotional self knowledge and growth which is facilitated through counselling and psychotherapy can only enhance and deepen the dancer's creative and expressive

capacity. In Great Britain we have student counsellors in a small number of the vocational dance schools, by no means in all of them. We also have the invaluable Dancer's Resettlement Fund which looks after dancers at the end of their careers including their counselling needs.

This is a good beginning.

Angelica MacArthur

Suggested further reading . . .

GREBEN, S. (1990). *The Dancer Transition Centre of Canada: Addressing the Stress of Giving up Professional Dancing in Medical Problems of Performing Artists*. Publishers: Hanley and Belfus Inc., Philadelphia PA.

GREBEN, S. (1990). *Psychotherapy and other Support Services in a Ballet School in Humane Medicine*. Vol. 6 No. 4—Autumn 1990.

HAROSKO, M. and KUPERSMITH, J. R. F. (1987). *The Dancers' Survival Manual*. Harper and Row, N.Y.

SIDIMUS, J. (1987) *Exchanges: Life after Dance*. Press of Terpsichore Limited. Toronto.



1st row: Sarah Hunt and Jonathan Geller coached by Nina Finburgh;
2nd row: Graham Griffith conducting an Alexander Technique session.

CARE OF THE VOICE

UNLOCKING YOUR VOICE

There is so much to say about how singers should care for their voices—that I hardly know where to start! I am sure that we all know and agree about the benefits of a balanced way of living, not too stressed, not too slack. We should not get over tired. We should eat wisely (which I find very difficult), but be very liberal with water rather than alcohol; we should not smoke. We should build up our resistance to colds and that tedious complaint, catarrh, which many of us know only too well and link with our climate. If and when we are defeated by infections, never sing when the throat is actually inflamed and painful, even though the pressure to do so may be great. Above all, I believe we need to remember and maintain a good stance and supported breath energy—not only as we sing but also as we talk. If we let this buoyancy relax or flop when not actually singing we throw considerable strain on our long suffering and gallant little marvel—the larynx.

There is some simple limbering that we can all do each day to "Unlock The Voice", to find the alignment of supported breath meeting our sound, and begin to feel some control of our own voice—whatever we are, performers, teachers or talkers, at whatever stage, we can gain a feeling of strength from within.

We have all been told some time or another to stand tall, broad and proud—which makes it nonetheless true and important. Never mind how we may feel inwardly, we will soon catch the mood of our confident stance. We can begin by rolling shoulders "over, back and down" in a smooth wheel like circle—slowly, thoughtfully and with no assistance from your elbows! . . . (and please don't forget to breathe!) After a minute or two of 'rolling' allow the shoulders to fall back naturally and restfully but still part of your proud stance.

Next try a simple "gesture" that does a lot for us in one swift movement: the gesture is one of astonishment or of sudden "happy surprise", as though something very good has happened to which we respond instantly. No need to think how this is done but good to know that during this gesture our facial expression is alert from eyes and forehead down, the soft palate automatically rises, the back of the throat opens elastically wide and your breath streams in, muscles at the base of the tummy are alerted and your vocal chords are ready for action! All this happens in one gesture; it is well worth trying this now with a happy exclamation to go with it, light and high in pitch: Ah! Ah! Ah! until the breath energy is used up; your sound and your breath are meeting in perfect balance; you feel

space around and at the back of the throat. The action is nearer to a feel of "intake" rather than pushing out of sound.

Now let us add the other basic "exclamatory vowels" and make our "happy surprise" gesture yet again as though speaking or exclaiming, happily to one another: a! e! i! o! u(oo)! (we pronounce "a" as in the word but, "e" as in yes, "i" as in sing, "o" as in long, and "u(oo)" as in moon).

And now we will sing, pitching one note at a time at the centre of the range—G or F—favourite, easy for the male and female and, using a breath taken with our 'happy surprise' gesture. Sing firmly our five vowels: 'a' 'e' 'i' 'o' 'u'—moving smoothly, legato, from one to another on the one pitch.

After each phrase of vowels, relax, and then try another 'happy surprise' start.

Keep singing, and move up, tone after tone, and as we move a little higher we feel the need for more all-over energy and our support muscles at the groin area are buoyantly helping with the whole process. We are still standing tall, proud and wide across the chest and rib-cage and we repeat this line of linked but clearly articulated sounds till E or F above middle with ever more inner energy into the centre of each vowel.

Now we will return back to middle A or G and try the same exercises, going down each note as far as we wish.

Now, I will show you something very useful: how to shift your catarrh, if you have any? Try singing and expressing the sound of each of your vowels more deeply still and pungently for a brief moment, then let go. Your support muscles will automatically join in this moment of energy, the sound will be very deep and vibrant—so much so that the catarrh, wherever it is in your throat, will move . . . scatter . . . break up! This may make you cough (gently please) but you will have cleared your catarrh or phlegm for a while. This is healthy and can be done often. The feel of this brief 'deepening' and 'vibrancy' gives us a strong bodily togetherness and links with emotion of many kinds, which can lead to many other interesting and enjoyable exercises which are not easy to describe in this short article. They are mostly to do with "centring" or "anchoring" our tone in balance with our breath support. So let us now simply lighten our mood and allow the voice to run over a phrase of five notes, up and down, beginning middle C D E F G F E D C—un-organised—just a 'trusting' ripple of sound on the word 'laugh' taken with a 'happy surprise' expression—a feeling of ever more space at the back of the mouth and throat—the face alert—no

worries, as the voice can move fast and easily when the notes are known to us and when no pressure is applied. Higher and higher we go—a sense of 'drinking' the sound and a feeling of resonance all over the inside of your head. Don't forget a new 'happy surprise' breath between each phrase 'till we have reached and gone beyond the level that we thought was the top of the upper range of our voices. This leaves us pleased with ourselves and quite elated and the voice easy and ready to start the day with its various requirements. And now a little about stress surrounding performance; little about stress surrounding performance; memories of my own anguish, and discovery (I am quoting from my book "Unlocking your voice—Freedom to sing")

"We singers may understandably feel that we come off badly because we are our entire instrument for good or ill, and so totally vulnerable. At our vocal centre is our larynx—small, intricate, invisible, most unfeelable, yet as magical as the micro-chip. We ourselves, our bodies, are the scaffolding around this little wonder and we need to give all our attention, our athletic poise and strength, our minds and feelings to set it working freely. Its response to our thought is lightning quick. Yet our general health and our moods vary endlessly: we can be exalted, we can feel shattered, and so many graduations between. In spite of all this, somehow we can, and do, keep our voices surprisingly steady.

I confess to having been a singer in constant technical difficulty—only resolved in later life. Yet I had a very strong wish to meet the public and communicate. So there was always conflict and insecurity. Working on a programme was exciting and I was always full of hope—interspersed with panic. As time went on panic became dominant. Then, on the day of the performance, something near paralysis set in, as though I was suspended in time and space, somehow immobilized, with no

concentration for anything at all. All seemed unreal. 'Am I ill? Will I be sick? I am desperately tired and heavy as lead. Why do I try to sing? This is not the profession for me! Never again! . . . My throat has seized up! . . . there is thick fog of catarrh . . . I am voiceless! . . .'

Then, a push on to the platform or stage and there was, sometimes, an amazing magic—an instant flow of concentrated energy, a conversion into another coinage! Where had it come from? . . . But the nightmare was a high price to pay."

At whatever level we are, performance pains depend partly on how securely we know our craft so that technique can be a good friend and never wholly lets us down! Another great support is the music itself and the message of the words and our sincere wish to communicate. This will fasten our concentration at the heart of our utterance and also physically at the centre of the vowel sounds that carry our emotion.

Is tension stifled energy? It can choke and almost cripple us, yet when unlocked it can be an electric charge for us to harness and use to our great advantage. I agree with my colleague Carola Grindea who says: "Tension is a healthy phenomenon and we must be grateful for this immense gift with which nature has endowed us." Worse than nervous tension can be the opposite! An over relaxed feeling before and during the performance, to be overtaken by nerves in mid-stream. This is hard to combat and is alarming. So be grateful for nervous energy, tension, excitement and a flow of adrenalin which we gladly learn to use and harness as time and experience move us on!

Esther Salaman

Author of "*Unlocking Your Voice—Freedom to Sing*"
(Gollancz)

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ACTORS' PROBLEMS

FROM DANCING TO ACTING

A few months ago I found myself walking through the Stage Door at Sadler's Wells Theatre to start rehearsals for George Bernard Shaw's play *Arms and the Man*, for the Cambridge Theatre Company. This in itself was not remarkable, but what was remarkable for me was that thirty-six years earlier I walked through that same Stage Door and started four years with the Sadler's Wells Opera Ballet Company. Sadler's Wells Theatre was virtually to become my home. What struck me most forcibly was how incredibly different my life as a dancer, and life now as an actress are. Every day I had this terrible urge to go into the ballet rehearsal room and do, say, a pirouette, and relive some of the wonderful life I had with Sadler's Wells Opera.

I started learning ballet when I was three, and took all my Royal Academy of Dancing exams by the time I was nine. I won a five year scholarship to the Royal Academy of Dancing when I was ten, but only did a year of it, as my father was one of those who didn't want his daughter on the stage! I was sent away to boarding school for six years, and didn't dance at all during that time, but I acted in school plays every term, and loved it, because that was a way of expressing myself and being able to perform. I left school at sixteen and started ballet again, but of course I had grown and my body had become somewhat stiff; there were many physical problems to overcome.

However, I had the tremendous good fortune of studying with the right teacher, George Goncharov, one of the great Russian ballet teachers in London at that time. Goncharov was an extraordinary man. He was from the Kirov ballet, a brilliant teacher, and he taught people to really dance. Of course, technique was vitally important, but I can hear him now saying "you must dance from here", pointing to the centre of his being and demonstrating what he meant.

Later on I went to Paris for a short while, where I studied with the famous Olga Preobashenska, who was then 93. An amazing little woman, still full of energy and quite fierce. She always carried a cane, and used to water the dust in the morning with a watering-can. She, too, gave wonderful classes. These took place in the Studio Wacker, just off the Place Clichy, and were attended by the celebrated dancers from the French Ballet, such as Roland Petit and Zizi Jeanmaire.

Soon afterwards I was invited to join the Welsh National Opera Ballet, and four years later, after a period with the City Ballet Company, I went into the Sadler's Wells Opera Ballet. I danced professionally

for thirteen years. I then had two children, became a single parent, and had to find another career; so I started modelling, which involved appearing in commercials, documentaries, and training films. I also became a presenter on the BBC children's programme "Playschool". Eventually, at the age of 42, I decided that this really wasn't enough. I desperately wanted to get back on to the stage, but I couldn't dance, obviously, so I chose acting. Here I must just quote from Patsy Rodenburg's book, which I shall recommend as an absolute must for anyone who wants to speak publicly; it's called *The Right To Speak*. It's not just for actors, but for everyone who wants to use his or her voice. She writes "If you were to enter into a computer all the worst kinds of movement you can do to abuse the body and damage the voice, heading the list would be classical ballet. Feet turned out, knees locked, chest lifted, spine arched back, jaw and head held tight. Beautiful to look at, lousy for the voice." Had I been able to read that when I started training, I might have suffered a great deal less anguish.

The real problem for me was that I had never properly used my voice before and at 42 the voice is pretty set where it is. The shallow breathing, holding everything in and up, and everything about ballet, prevent the flow of air through body, which is essential for good voice production. I realise now that a great deal of time I used to hold my breath, and this was a habit never dealt with in those days. Time was taken up with classes, rehearsals and performances. We were in the theatre from ten in the morning until eleven at night, and there was no time for relaxation, reflection, or inner work of any kind. It was, and still is, a dedicated, rigorous training. The other point I realise when looking back was the complete obedience; one never questioned anything. The choreography was set to the music, and we did as we were told. We couldn't improvise, because that would have upset everyone else's performance.

So in my early forties I decided to become an actress. At least I had an Equity card, from my ballet days, but where on earth was I going to train? I couldn't go to drama school—far too old for that. I discovered that there was a professional class on Saturday mornings at Morley College and a drama course at the City Literary Institute. I enrolled for both these courses. I remember particularly the first class I ever went to, which was taken by the well known actor Jack Shepherd; it was an improvisation class. I was so terrified, I spent the entire three hours hiding behind a piano! This was

a whole new world for me. I had never known the freedom to improvise, and it is very frightening and stressful at first. For the next three years, I regularly attended voice, text, movement, improvisation, television, and audition classes.

The classes at the City Literary Institute weren't entirely satisfactory. They were open to anyone, the rank amateur as well as the experienced professionals, and so the standard varied enormously. Inspite of my own lack of experience, I felt frustrated and held back. Then, I joined the newly opened *Actors' Centre*, and continued my training there. Before the advent of the Centre, the thing that had struck me forcibly was the fact that there really was nowhere for professional actors to train on a regular basis. Coming from the dance/opera world, I found this extraordinary. After all, dancers, singers, and musicians have to practise every day; why not actors? But up until then, once actors had left drama school they didn't go on training, and consequently tended to become very isolated from other members of their profession, unless they were working.

At this stage of my training, I became very aware of the daunting task I had set myself. Most actors of my age were well established and had been acting for years. All I had to build on was stage experience of a different genre, a knowledge of period, and the ability to move in a costume. What I soon discovered was that I was having to really use my brain. I don't mean to imply that dancers don't use their brains, of course they do. But what I had to start doing now was study and research; lots of reading of plays and literature; immersing myself in Shakespeare; learning audition speeches. I loved all this new world of discovery, and at last began to let go of dancing, (it will never leave me completely; though at least I don't walk with my feet turned out now!).

The way things have turned out, my career so far has been almost entirely in classical plays. This has been a great challenge; as I've already said, I had no voice training. To play the "big stuff", you need a considerable vocal range, backed up by a very solid technique. This is the area where I have had to do most work, and am still having to. The voice is, after all, the actor's main instrument, and has to be kept in good repair. Ideally, one should go to voice classes two or three times a week. You may suddenly get a call out of the blue, and have to launch into a very emotional speech. You must always be prepared. When you are nervous it is easy to forget to breathe, and this is when the problems start to arise, and one starts "pushing" the voice, which leads to stress on the vocal chords, and can indeed cause very serious problems.

Leaving aside the stressfulness of performance itself—a very large and complex question which can't be gone into here—I would like to list a few of the problems actors have to contend with that cause stress. I suppose being unemployed has to top the list. After one week out of work, an actor

starts to lose confidence. If you are not practising your art regularly, you begin to doubt your ability, and then you go into a downward spiral very quickly.

There is also the particular tension involved in getting an audition, especially if you have been out of work for sometime. The strain of deciding which audition piece to do; very often having to do it in a tiny room; judging how to present yourself at an interview: do you chat or not chat? etc. Your next job depends on five or ten minutes, and you have to try and convey in that time what you are capable of. Then there is the agony of waiting for the result. Waiting for the phone to ring. I don't think directors have any conception of how awful the waiting is, and I wish they would let actors know when they haven't got the job, as well as when they have.

Another stress is always being in a position where one is being judged. This of course applies to all performers, and the better known a performer becomes the greater the tension. I have a feeling that this kind of tension is what one actually needs in order to perform, and that one must grow to like it; once you start to enjoy it, it ceases to be a problem. Stage fright is indeed a very real problem for some actors, and something that they never overcome, and they may have to give up theatre work. The more one can relax inside, and be aware of everything going on around you, the less likely you are to "dry" (forget your lines), or if you do, the more likely you are to overcome the horrible moment without going into a catatonic state.

Some of the things that have helped me to deal with all these problems are Yoga, the Alexander Technique—which I practice every day, particularly on tour, and find invaluable—acupuncture, Tai Chi, self-hypnosis and aromatherapy. Last year I started going to the gym regularly and swimming, and am enjoying the discipline of this, and the resulting fitness. It is crucially important to keep fit, for when we are lucky enough to be working, we work long hours, and are often called upon to do very physical things. As I have been touring a lot in recent years, I have started trying to create a calming atmosphere in my dressing rooms. I always have fresh flowers, buy scented candles, and try to make the room as pretty as possible. I travel with a Walkman, with a tape my Alexander teacher has made for me, and an air bed. It is important to know how to relax and conserve one's energy, and all these are aids to that end.

Making the transition from dancing to acting has been a fascinating journey. Acting in some ways is much harder as you have to create your own inner music, whereas, however tired you are as a dancer, the moment you hear the orchestra playing, something happens and you are galvanised into action. Finally I would like to say that I consider myself very fortunate to have had, in effect, three different careers, and hope that the present one will continue until the final curtain.

Dawn Keeler

BIODANCE

The First London Workshop

"Biodance is a movement that promotes our human potentials using music, dance and exercises in group communication"—states *Rolando Toro*, a Chilean Psychologist and Medical Anthropologist, who has initiated this type of therapy some thirty years ago. Biodance works on five living experiences or channels of expression: vitality, sexuality, creativity, affectivity and transcendence.

Tension, anxiety and fear are at the root of most problems in the performing arts. Biodance not only releases tension but seeks a profound modification of the symbolic structure of the unconscious. Each individual is unique in his/her structure, feelings and emotions, but society standardizes these characteristics. Through Biodance each individual is allowed to become himself/herself without having to comply to conventions or rules which hide the real self from others. In a Biodance workshop each participant works on three levels—with the self, with another participant and with the group. They do not know each other yet they share the same experiences.

Patricia Martello, a disciple of *Toro*, is an Argentinian dancer, who trained as an art and gymnast teacher with a keen interest in Gestalt Psychology and body techniques. She is Director of Biodance Centre in Buenos Aires, and she also presents regular workshops in London. In her workshops, Patricia uses words sparingly, mostly to give directions, but she achieves communication through eye contact, inviting each participant to look into her own eyes. Her look and ours resemble the way children expose themselves. The first

barrier has fallen and, at this moment we also expose ourselves to the inquisitive look of the others. Then we play the game of touch under the teacher's guidance. These basic games—the first a child learns—help us to become an integrated unit and we are encouraged to experience emotions which we rediscover at that moment, while doing the exercises in the rhythm of the music. Music plays a fundamental part in the exercises and is selected by a team of specialists in music semantics. In Biodance it is very important that the music has an organic rhythm similar to the heart beat, thus by speeding up or slowing down the heart beat it stimulates certain movements and at the same time stimulates the neuro-vegetative system. The result is a regression to the state of childhood which is, in fact, the key which enables us to cope with tension from a biological aspect.

Biodance is used now not only in the performing arts for teachers and students, but also by the medical profession, in the treatment of anorexia, bulimia, certain mental disorders, high blood pressure, etc. At the Buenos Aires Centre *Patricia Martello* holds special sessions with blind, deaf and mute children as well as with old people. But, *Rolando Toro* and his disciples believe that everyone can benefit from Biodance. As for me, taking part in the first workshop conducted by *Patricia Martello* in London was an experience without parallel.

Isabel Bastos

Latin American journalist

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BOOK REVIEWS

CREATIVITY AND DISEASE

by Philip Sandblom
Published by Marion Boyars 1992

The range of artistic creativity covered in this book is primarily literature, art and music. As such its subject matter lies a little outside the life of the performer. However, its basic premises are of great interest to the study of tensions in the lives of creative people which may result from diseases of various kinds.

On the merit side, the book has copious references to who in the arts suffered from what, e.g. Handel from mania, Rossini from depression, Schumann from alcoholism, Berlioz from hysterical behaviour and the use of opiates, etc. On the contentious side, this book maintains that the particular quality of such creative work may be advantageously affected by illnesses.

While there may be a case for attributing extraordinary, or "mind broadening" perceptions to altered states of health and awareness, there is surely little case for recommending the use of disease to improve creative output. Not only would this go directly against the ethical work of health professionals who strive to improve the lot of the artist, it also contradicts the findings of the large majority of therapists of all kinds that a happy artist is a productive one.

An interesting and also well-illustrated reference book, then, but an off-beat and largely anecdotal assumption that is guaranteed to raise an emotive response in readers. Love it or hate it!

Andrew Evans

PSYCHOLOGY AND PERFORMING ARTS

Edited by Glenn Wilson
Published by Swets and Zeitlinger 1991

This scholarly and up-to-date reference book contains articles from the 1990 International Psychology and Performing Arts Conference at the Institute of Psychiatry in London. This excellent conference is to take place again in September 1993, and though attendance is costly, it is a major event in the calendar, offering rare chances to get to know international experts in the field.

It is difficult to single out individual contributions from this important volume, but those such as Elly Konijn's detailed analysis of acting stress in performance with accompanying graphical data, or Louise Da Costa's deeply considered account of "Performance as Transitional Object", or Shelley Recinello's highly informative "Towards an understanding of the Performing Artist" stand out amongst the overseas contributors appearing in this country for the first time at such a conference. British contributions, equally, reach a high level and include known contributors such as Prof. Brian Bates, Dr. Liz Valentine as well as up-and-coming writers like Martin-Lloyd Elliott.

The level of scholarship in this volume is high, and the field addressed is fascinatingly wide. This is a volume deserving detailed reading by serious professionals and a reference book for the shelves. It adds to the data in this field, and though some of it is academic, there is enough approachable material for the non-psychologist general reader to pick and choose. A good one—and hopefully the next conference will provide a second volume of this quality.

Andrew Evans

Arts Psychology Consultants Ltd.

From November 1992, ISSTIP is employing Arts Psychology Consultants to update and maintain its database, therein making use of the existing expertise they have in handling computerised data and research in the Arts and Health field.

Founded in 1988, they have made a name for themselves in the psychological counselling of people in all spheres of the arts, specialising particularly in issues involving the working life and careers of artists.

Past and present members of Arts Psychology Consultants such as Andrew Evans, Martin Lloyd-Elliott, Angelica MacArthur and Jacob Zelinger will already be known to ISSTIP members, and participate on committees and in the ISSTIP JOURNAL.

This collaboration should be a source of mutual reward in planning the future of Arts and Health.

SURVIVING MUSICAL FEARS

by Fleur Elliott

Published by Elmhurst Books 1992

Tensions in performance is a theme central to ISSTIP. There have been many contributors to the literature and we can expect many more. This slim volume is aimed at the younger or first-time reader, with language to suit: "If there are lots of little things worrying you, you are bound to feel worse than if you have worked out exactly what to do if something goes wrong"—absolutely true.

Problems arise when simplifications are not quite so effective, e.g. "Excitement provokes the production of adrenalin, the hormone which helps you play better than usual" or "Complete preparation for a performance means (you should) practise like mad and do everything else your teacher tells you". Even at a child's level such generalisations are creating highly contentious assumptions which may need modification or correction at a not much later date. What about RSI and originality?

This is a curate's egg sort of book—good in parts, including fascinating direct speech from younger performers on their tensions, but impossible to recommend in its entirety as a reference book. A shame, because it contains many readable simplifications of a complex subject and its intentions are wholly good. Maybe it should be used by teachers who can filter its contents to suit their needs, and who will find its wealth of practical and detailed hints a valuable check-list for their own teaching approach.

Andrew Evans

GENEROUS MOVEMENT

Alexandra and Roger Pierce

Center of Balance Press

California, 92373 USA 1991

This book is a beginner's introduction to better posture, and encourages the reader to participate

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by starting with the clear premise that posture in most of us is unconscious, and that "When we attempt to respond to 'straightening up', the result seems to take up too much effort, to feel stiff and uncomfortable, to be just not quite right". Good, I feel like reading on—the author has already gained my empathy!

The text is then planned around common movements we all do—standing, sitting, walking, sitting to standing, breathing, etc. So far so good. But then the reader realises that this book is designed as a training textbook, to be gone through in conjunction with a music tape and a series of workshops, e.g. "before doing the Walking process with music . . .", and then "The Monday evening class: Thomas began the class by . . . "Yes, you've guessed it—if you live in California and have the tape, then read on.

So how effective is the book alone? Well, you have to deal with slice-of-life excerpts like "I'm Janie, housewife with three children, 8, 10 and 13. I took modern dance in college and I'm always curious how to . . .". If you can absorb that, then read on. If you can't quite deal with this sort of style, which follows a typical class with pretty colloquial comments from all present, then you could wish for a textbook written in the same direct and helpful style but without a running commentary about what Janie, Max and Mandy did. How much do we identify with these convivial classmates from across the Atlantic? I leave you to wonder.

For the rest, the exercises are approachable and well-illustrated with line drawings. I have no doubt that the classes are excellent and illuminating, but we are left far away from the action with a rather wistful fantasy of "When I tried this exercise with Mandy, Max commented on how far I had come since that first day when we were just a collection of awkward strangers, striving for a balance in our lives and . . ."

Andrew Evans

RESEARCH PROGRAMMES

Thanks to the work of ISSTIP in the past few years, there are now many research projects undertaken in several Universities in Britain.

University of Keele Professor John Sloboda conducts the **Unit for the Study of Musical Skill and Development**, Department of Psychology at the University of Keele. Professor John Sloboda in collaboration with Professor Michael Howe (Exeter University) and Dr. Jane Davidson on "Biographical determinations of excellence in young musicians."

Catherine Butler on "Psychological factors influencing success and failure in music conservatories students"

Mitchell G. Waterman "Emotional response during music listening".

Warren Brodsky "The attenuation of music performance related anxiety via vibrotactile stimulation".

Maria D. G. Parente Figueiredo da Mota on "Teacher Pupil interpersonal interaction during individual music lessons".

Dr. J. Davidson and Stephen Dunachie on "Expressive body movements of performing musicians".

East Yorkshire College: Andrea Hornsey on "Performance related injuries".

London College of Music: Mary Anne Willmott on "Care of the Voice".

ISSTIP would like to receive information of other research programmes.

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